

**United States Bankruptcy Court  
Southern District of New York**

In re: Lehman Brothers Holdings Inc

Case No. 08-13555 (JMP)

**TRANSFER OF CLAIMS OTHER THAN FOR SECURITY**

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001 (e) (2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

**ADK Soho Fund LP**

Name of Transferee

Name and Address where notices to transferee should be sent:

155 Wooster Street, 8<sup>th</sup> Floor  
New York NY 10012  
USA

e-mail: [micah@adkcapital.com](mailto:micah@adkcapital.com)

Tel : +1 646 783 5490

**Yorvik Partners LLP**

Name of Transferor

Court Claim # (if known): 17252

Amount of Claim: 100% of the total filed under Claim number 17252

Date Claim Filed: 18 September 2009

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: \_\_\_\_\_

Transferee/Transferee's Agent



December 11, 2012  
Date: \_\_\_\_\_

*Penalty for making a false statement:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

<b>United States Bankruptcy Court/Southern District of New York</b> Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<b>PROOF OF CLAIM</b>	
In Re: Lehman Brothers Holdings Inc., et al. Debtors.		<b>UNIQUE IDENTIFICATION NUMBER:</b> 1000091945	
Name of Debtor Against Which Claim is Held <b>Lehman Brothers Holding Inc.</b>		Case No. of Debtor <b>08-13555</b>	
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)</p>			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)  CPV/CAP Coop Personalversicherung Harald Siewert Leiter Finanzanlagen Domacherstr. 156 Postfach 2550 4002 Basel SWITZERLAND		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ <i>(If known)</i>  Filed on: _____	
Telephone number: +41 (0)61 336 67 93 Email Address: _____		Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000017252	
Name and address where payment should be sent (if different from above)  		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number: _____ Email Address: _____			
<p><b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>See Attached</u>  If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete Item 5.  If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.  <input checked="" type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.*  <input checked="" type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.*</p> <p><b>*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EIT HER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.</b></p> <p><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> if claim is a based on a Derivative Contract or Guarantee.</p> <p><b>2. Basis for Claim:</b> <u>See Attached</u>.  (See instruction #2 on reverse side.)</p> <p><b>3. Last four digits of any number by which creditor identifies debtor:</b> _____  <b>3a. Debtor may have scheduled account as:</b> _____  (See instruction #3a on reverse side.)</p> <p><b>4. Secured Claim</b> (See instruction #4 on reverse side.)  Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: _____  Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any:  \$ _____ Basis for perfection: _____</p> <p><b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____</p> <p><b>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9):</b> \$ _____  (See instruction #6 on reverse side.)</p> <p><b>7. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  <b>8. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.  <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b>  If the documents are not available, please explain:</p>			
<b>Date:</b> 09/17/2009 <b>Signature:</b> Dr. M. Dober		<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	
<b>FOR COURT USE ONLY</b> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FILED / RECEIVED</b>  <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">SEP 18 2009</div> <b>EPIQ BANKRUPTCY SOLUTIONS, LLC</b> </div>			
<i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</i>			